

***MISSISSIPPI SECRETARY OF STATE***  
**SUPPLEMENT TO UNIFIED REGISTRATION STATEMENT**  
**ANNUAL FINANCIAL STATEMENT REPORT FORM**

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***INSTRUCTIONS***

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**The Supplement to Unified Registration Statement – Annual Financial Statement Report (FORM FS) must be filed with the Unified Registration Statement.**

**This form must be completed for the most recently completed fiscal year end.**

FORM FS should be completed using the financial information on either the IRS Form 990 or the financial statement. (If you have filed an extension or are not required to complete the IRS Form 990, the Form FS should be completed using the organization's financial statements.)

Complete the Name of Organization, Mississippi Registration number, contact person, person completing the forms and the fiscal year the report covers.

***1) IF COMPLETING FORM FS USING THE IRS FORM 990:***

RECEIPT AND INCOME (REVENUE) - use Part VIII (Page 9) Line 1 thru 11

TOTAL RECEIPTS AND INCOME – use Line 12

EXPENSES: Use Part IX (Page 10)

PROGRAMS SERVICES – use Line 25 Colum (B) - Break out any funds expended for public education.

ADMINISTRATION (MANAGEMENT & GENERAL) – use Line 25 Colum (C)

FUNDRAISING – use Line 25 Colum (D)

***2) IF COMPLETING FORM FS USING THE FINANCIAL STATEMENT –***

RECEIPTS AND INCOME (REVENUE) - use Support and Revenue

TOTAL RECEIPTS AND INCOME - use Total Support and Revenue

EXPENSES - use Statement of Functional Expenses

PROGRAM SERVICES: Program expense on financial statement – break out any funds expended for public education.

ADMINISTRATION (MANAGEMENT & GENERAL) – use Management and general

FUNDRAISING – use Fundraising

***NOTE: The Other category should not be used for any expense that would be considered program services, management and general or fund-raising.***

**THE FOLLOWING INSTRUCTIONS SET OUT THE SUPPORTING DOCUMENTS REQUIRED TO BE FILED WITH THE FORM FS. PLEASE REVIEW AND SUBMIT THE REQUIRED DOCUMENTATION.**

**1) CONTRIBUTIONS OVER \$500,000**

A financial statement **audited** by an independent certified public accountant and IRS Form 990 must be filed along with the Unified Registration Statement and Annual Financial Statement Report if the organization:

- A) Received contributions over **\$500,000**; or
- B) Engaged the services of a professional fund-raiser or fund-raising counsel; or if fundraising was conducted by persons who were paid for performing these services.

*The report must be signed by two officers - the president (or other authorized officer) and chief financial officer and the signatures must be notarized.*

**2) CONTRIBUTIONS OF \$250,000 to \$500,000**

A financial statement **reviewed** by an independent certified public accountant and the IRS Form 990 must be filed with the Unified Registration Statement and Annual Financial Statement Report if the organization:

- A) Received contributions of **\$250,000 to \$500,000**; and
- B) Did not engage the services of a professional fund-raiser /fund-raising counsel and if fundraising was conducted by persons who were unpaid for performing these services.

*The report must be signed by the president or other authorized officer and the signature must be notarized.*

**3) CONTRIBUTIONS LESS THAN \$250,000**

A financial statement and the form required to be filed with the IRS (IRS Form 990, 990EZ, or 990-N) must be filed with the Unified Registration Statement and Annual Financial Statement Report Form if the organization:

- A) Received contributions **less than \$250,000**; and
- B) Did not engage the services of a professional fund-raiser /fund-raising counsel and if fundraising was conducted by persons who were unpaid for performing these services.

*The report must be signed by the president or other authorized officer and the signature must be notarized.*

**4) NEW ORGANIZATIONS**

**The Annual Financial Statement Report must be completed using zeros.**

*The report must be signed by the president or other authorized officer and the signature must be notarized*

***A separate Annual Financial Statement Report must be filed for each local division, chapter or affiliate the Organization has included under its registration (See Miss. Code Ann. Section 79-11-503(7)).***

**MISSISSIPPI LAW DOES NOT ALLOW FOR AN EXTENSION TO FILE.**

***Mississippi Secretary of State's Office***

**Charities Registration**

**Post Office Box 136**

**Jackson, Mississippi 39205-0136**

**(601) 359-1371 or 888-236-6167**



**DELBERT HOSEMAN**  
*Secretary of State*

**FORM FS**

**ANNUAL FINANCIAL REPORT FORM**

NAME OF ORGANIZATION

MISSISSIPPI REGISTRATION #

CHARITY CONTACT PERSON:

E-mail address:

PERSON COMPLETING FORM:

E-mail address:

FORM FS must be completed and be in agreement with financial information reported on IRS Form 990 or the filed financial statement.

FORM COMPLETED USING: \_\_\_\_\_ IRS 990 \_\_\_\_\_ FINANCIAL STATEMENT

FISCAL YEAR END \_\_\_\_\_

**1. RECEIPTS AND INCOME**

**CONTRIBUTIONS (LIST SEPARATELY FOR EACH PROJECT OR SOURCE)**

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**SUBTOTAL CONTRIBUTIONS** ..... \$ \_\_\_\_\_

**OTHER INCOME (MEMBERSHIP DUES, ENDOWMENTS, ETC.)**

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**SUBTOTAL OTHER INCOME** ..... \$ \_\_\_\_\_

**TOTAL RECEIPTS AND INCOME:** ..... \$ \_\_\_\_\_

**2. EXPENSES –**

**1. PROGRAM SERVICES .....** \$ \_\_\_\_\_  
*ITEMIZE BY CATEGORY THE AMOUNT DISBURSED  
FOR EACH MAJOR PURPOSE:*

**PUBLIC EDUCATION** \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**2. ADMINISTRATION (MANAGEMENT & GENERAL) .....** \$ \_\_\_\_\_

**3. FUNDRAISING .....** \$ \_\_\_\_\_

**4. OTHER .....** \$ \_\_\_\_\_

**TOTAL EXPENSES .....** \$ \_\_\_\_\_

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**List joint costs reported in Program Services from a combined educational campaign and fundraising solicitation:**

**Total Amount before allocation :** \_\_\_\_\_ **Amount allocated to Program Services:** \_\_\_\_\_  
**Amount allocated to Fundraising:** \_\_\_\_\_  
**Amount allocated to Management & General:** \_\_\_\_\_

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***I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.***

\_\_\_\_\_  
**SIGNATURE OF PRESIDENT OR  
OTHER AUTHORIZED OFFICER**

\_\_\_\_\_  
**DATE**

Sworn to and subscribed before me this the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**PRINTED OR TYPED NAME AND TITLE**

\_\_\_\_\_  
**NOTARY PUBLIC**

**NOTARY SEAL**

\_\_\_\_\_  
**CHIEF FINANCIAL OFFICER** **DATE**

Sworn to and subscribed before me this the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**PRINTED OR TYPED NAME AND TITLE**

\_\_\_\_\_  
**NOTARY PUBLIC**

**NOTARY SEAL**